2 · · · · · · · · · · · · · · · · · · ·								
PART B - FEE(S) TRANSMITTAL								
Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE								
•	Commissioner for Patents							
$\sim 0 h$	7 2005 O P.O. Box 1450 Alexandria, Virginia 22313-1450							
DISTRICTION HILL	الما يما	/ \	or	<u>Fax</u>	(703) 746-4000			
appropriate. All further co	orm should be used for incorrespondence including the	insmitting the ISS Patent, advance	UE FEE and orders and no	PUBLIC tification	ATION FEE (if requoted of maintenance fees	uired). Blocks 1 will be mailed to	through 5 s	hould be completed where correspondence address as arate "FEE ADDRESS" for
				a new co	rrespondence address	s; and/or (b) indi	cating a sepa	arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying			
			papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
Travis C. Stephe	enson, Esq.				Ce	rtificate of Maili	no ar Trans	mission
Suite 411				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope				
3151 South Vaugh Aurora, CO 80014	addressed to the Mail Stop ISSUE FEE address ab transmitted to the USPTO (703) 746-4000, on the date					above, or being facsimile		
, , , , , , , , , , , , , , , , , , , ,	•				Natalie	DA1tun		(Depositor's name)
				, i ptati		W OF	1	(Signature)
				j	March 4,	2005		(Date)
APPLICATION NO.	FILING DATE	T	FIRST NAME	D INVENT		ATTORNEY DO	CKET NO	CONFIRMATION NO.
10/083,024				Douglas Alan Miller		45568-00		4446
TITLE OF INVENTION: N	ASSESSMENT OF HEARING AIDS THAT							
ψ.						volobe nvn e.	AITIED AC	TOATORS
APPLM, TYPE	SMALL ENTITY	ISSUE FEE		PUE	LICATION FEE	TOTAL FEE(S	S) DUE	DATE DUE
nonprovisional	YES	\$685			\$300	\$985		03/07/2005
EXAMINER		ART UNIT		CLA	SS-SUBCLASS			
JACOBSON, TONY M		2644		:	381-060000			
1. Change of correspondence	e address or indication of "F	ee Address" (37	2. For prin	ting on th	patent front page, lis	at .		
CFR 1.363). Change of correspondence address (or Change of Correspondence Address 1.7m PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys 1 Marsh					
Address 1m PTO/SB/12	or agents OR, alternatively, (2) the name of a single firm (having as a member a 2 Fischmann &							
PTO/SB/47; Rev 03-02	2 registered	attorney o d natent a	r agent) and the name	or of up to	_	_		
Number is required.	listed, no name will be printed.							
3. ASSIGNEE NAME AND PLEASE NOTE: Unless	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	(print or	ype)			
recordation as set forth in	37 CFR 3.11. Completion	of this form is NOT	uata Will appe	ear on the	patent. If an assigne	ee is identified be	low, the do	cument has been filed for
			a substitute i	or minig a	u assigninciji.			
(A) NAME OF ASSIGN		(B)	RESIDENC	E: (CITY	and STATE OR COL	10/2005 AWOND	AF2 00000	023 501419 10083024
(A) NAME OF ASSIGNI	EE	(B)) RESIDENC	E: (CITY	and STATE OR COL	10/2005 AWONI FC:1504	AF2 00000	023 501419 10083024 300.00 OP
(A) NAME OF ASSIGNI Otologics	EE . LLC.	(B)) residenci Boulde	E:(CITY	and STATE OR COL 01 01 02 02	10/2005 AWONI FC:1504 FC:2501	15.00	023 501419 10083024 300.00 OP DA 685.00 OP
(A) NAME OF ASSIGNI Otologics Please check the appropriate	EE , LLC. assignee category or category	(B)	RESIDENCE BOUlde nted on the pa	E: (CITY r, Co atent): (and STATE OR COL 01 01 02 02	10/2005 AWONI FC:1504 FC:2501	15.00	023 501419 10083024 300.00 OP
Otologics Please check the appropriate 4a. The following fee(s) are of	EE , LLC. assignee category or category	(B) ries (will not be printed 4b.	RESIDENCE Boulde nted on the pa Payment of F	E: (CITY r, Content): [Gee(s):	and STATE OR COC 01 01 01 Ora 00 02 1 Individual 22 Co	10/2005 AWONI FC:1504 FC:2501	15.00	023 501419 10083024 300.00 OP DA 685.00 OP
(A) NAME OF ASSIGNI Otologics Please check the appropriate 4a. The following fee(s) are of the state of the	EE A LLC. assignee category or categorenclosed:	(B) ries (will not be prin 4b.	RESIDENCE BOUlde nted on the pa Payment of F	E: (CITY r, Content): [Gee(s): 1 the amount	and STATE OR COC 01 01 01 07 a c 02 1 Individual 2 Co	FC:1504 FC:2501 rporation or other	15.00	023 501419 10083024 300.00 OP DA 685.00 OP
(A) NAME OF ASSIGNI Otologics Please check the appropriate 4a. The following fee(s) are of the state of the	EE assignee category or categorenclosed: nall entity discount permittee	(B) ries (will not be prin 4b.	Boulde med on the pa Payment of F A check in Payment b The Direct	E: (CITY r, Content): [Gee(s): n the amount of the content	and STATE OR COCO	FC:1504 FC:2501 rporation or other losed. is attached. arge the required	15.00 private grou	023 501419 10083024 300.00 0P DA 685.00 0P p entity Government
Otologics Please check the appropriate 4a. The following fee(s) are of the second se	assignee category or categorenclosed: nall entity discount permittee Copies	(B) ries (will not be prin 4b. d)	Boulde med on the pa Payment of F A check in Payment b	E: (CITY r, Content): [Gee(s): n the amount of the content	and STATE OR COCO	FC:1504 FC:2501 rporation or other losed. is attached. arge the required	15.00 private grou	023 501419 10083024 300.00 OP DA 685.00 OP
Otologics Please check the appropriate 4a. The following fee(s) are of the second publication Fee (No second publication Fee (N	assignee category or categorenclosed: mall entity discount permittee Copies	(B) ries (will not be prii 4b.	Boulde nted on the pa Payment of F A check in Payment b The Direct Deposit Accord	E: (CITY T, Content): [See(s): The amount of the amount of the content of the c	and STATE OR COC 01 01 01 0 02 1 Individual 2 Coc out of the fee(s) is encured. Form PTO-2038 by authorized by cher 50 1	FC:1504 FC:2501 rporation or other losed. is attached. arge the required	15.00 private grou fee(s), or cran extra cop	300.00 OP DA 685.00 OP p entity Government edit any overpayment, to y of this form).
Otologics Please check the appropriate 4a. The following fee(s) are of the second publication Fee (No second publication Fee (N	assignee category or categor enclosed: mall entity discount permitted Copies from status indicated above) MALL ENTITY status. See 3	(B) ries (will not be prii 4b. d) 7 CFR 1.27.	Boulde nted on the pa Payment of F A check in Payment b The Direct Deposit Accord	E: (CITY r, Content): Gee(s): In the amount of the amount of the amount Numb Int is no lo	and STATE OR COC 1 01 1 01 1 01 2 1 2 1 3 1 3 1 4 1 5 1 5 1 6 1 7 1 7 1 7 1 7 1 7 1 7 1 7	FC:1504 FC:2501 rporation or other losed. is attached. arge the required 419 (enclose	15.00 private grou fee(s), or cran extra cop	023 501419 10083024 300.00 QP DA 685.00 QP p entity □ Government edit any overpayment, to y of this form).

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Typed or printed name

Thomas R. Marsh

Registration No.

31,039